

POSITION	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>S-7</i>	<i>09-06-01</i>
<b>O.I.P.E. CLASSIFIER</b>		
<b>FORMALITY REVIEW</b>	<i>BE</i>	<i>897</i>
<b>RESPONSE FORMALITY REVIEW</b>		<i>10-01-01</i>

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/1/94
2	✓	✓	1/1/94
3	✓	✓	1/1/94
4	✓	✓	1/1/94
5	✓	✓	1/1/94
6	✓	✓	1/1/94
7	✓	✓	1/1/94
8	✓	✓	1/1/94
9	✓	✓	1/1/94
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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